



State of Florida

Department of Children and Families

CERTIFIES


Metro Treatment of Florida, LP d.b.a.
Daytona Methadone Treatment Center
1823 Business Park Blvd.
Daytona, Florida 32114

is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services
for ADULTS ONLY for the following component:

Outpatient Methadone Detoxification &
Medication and Methadone Maintenance Treatment Program

Accredited by Commission on Accreditation of Rehabilitation Facilities (CARF)

"THIS LICENSE WAS ISSUED BASED, IN PART, ON THE SURVEY REPORT OF A
DEPARTMENT RECOGNIZED ACCREDITING ORGANIZATION"


Jayme Carter
Regional SAMH Director

09/30/2012

Effective Date

Regular

0764AD121903

09/29/2013

Type of License

License Number

Expiration Date



State of Florida
Department of Children and Families

Rick Scott
Governor

David E. Wilkins
Secretary

David J. Abramowitz
Regional Managing Director

09/14/2012

Christopher S. Hassan
CEO

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center
8529 Southpark Circle, Suite 270
Orlando, Florida 32819

Dear **Christopher S. Hassan**:

Please find attached the Regular License(s) **0764AD121903** authorizing your agency to provide substance abuse **treatment and/or services** at **1823 Business Park Blvd., Daytona, Florida, 32114**. The license(s) will expire on **09/29/2013**.

The Regular License(s) was issued based upon the results of a recent on-site monitoring visit of your agency, wherein the substance abuse **treatment and/or service** program(s) received a performance rating score of **94.25%**. This score indicates compliance with licensure standards as per s. 65D-30.003(9)(a)3., Florida Administrative Code (F.A.C.).

Please note the attached inspection report which delineates findings from the on-site inspection visit. A Corrective Action Plan **is not required**.

Please do not hesitate to contact me at **386-254-3773** should you have questions regarding this matter.

Sincerely,

MARILYN HECK
Licensure Specialist

Attachments: License(s)
Inspection Report

cc: Licensure File

NORTHEAST REGION

Circuit 3 (Madison, Taylor, Dixie, Hamilton, Lafayette, Suwannee, & Columbia Counties) Circuit 4 (Clay, Duval, & Nassau Counties)
Circuit 7 (Flagler, Putnam, St. Johns, & Volusia Counties)
Circuit 8 (Alachua, Baker, Bradford, Gilchrist, Levy, & Union Counties)

5920 Arlington Expressway • P. O. Box 2417 • Jacksonville, Florida 32231-0083

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and
Advance Personal and Family Recovery and Resiliency

**NORTHEAST REGION
SUBSTANCE ABUSE AND MENTAL HEALTH PROGRAM OFFICE
SUBSTANCE ABUSE LICENSURE SITE VISIT REPORT**

SERVICE PROVIDER:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone
Treatment Center
8529 Southpark Circle, Suite 270
Orlando, Florida 32819
4073517080

E-MAIL:

tsenkow@cmglp.com

OWNER/PRESIDENT:

Colonial Management Group

CHIEF EXECUTIVE OFFICER:

Christopher S. Hassan

CHIEF FINANCIAL OFFICER:

Melissa Blocker, CPA

CLINICAL DIRECTOR:

Ann Erickson

AUTHORIZED AGENTS:

MARILYN HECK

DATES OF VISITS:

09-10-12

PURPOSE OF VISITS:

REPORT PREPARED BY:

MARILYN HECK

INTRODUCTION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center is a privately funded and a for-profit corporation.

The purpose of the site visit was annual site visit.

Component	Program	Address	City	License #	Expiration
Medication And Methadone Maintenance Treatment	Medication & Methadone Maintenance	1823 Business Park Blvd.	Daytona 32114	0764AD121903	09-29-13
Outpatient Methadone Detoxification	Outpatient Methadone Detoxification	1823 Business Park Blvd.	Daytona 32114	0764AD121903	09-29-13

PROGRAM COMPONENTS REVIEWED:

65D-30.004 Common Licensure Standards

65D-30.014 Standards for Medication And Methadone Maintenance Treatment

65D-30.006 Standards for Outpatient Methadone Detoxification

REVIEW PROCESS AND VALIDATION METHODS:

This site visit report is based on licensing audit of program administration and operational capability. The audit was conducted in order to ensure compliance with the statutory requirements of Chapter 397, F.S., and the regulatory standards outlined in Chapter 65D-30, F.A.C. The audit process included a review of client records and a review of program administration and standards.

A performance-based rating system is used to evaluate the provider's level of compliance with the statutory requirements of Chapter 397, F.S., and the regulatory standards outlined in Chapter 65D-30, F.A.C.

The system requires providers to attain at least 80% compliance in all areas reviewed during the inspection. Providers

score one point for each required item contained in a particular area. Providers lose a point if the item or any part of the item has been omitted.

However, there may be instances where a provider has attained an 80% level of compliance overall but it is in violation of a requirement related to health, safety, and welfare of clients and staff. In such cases, the region will issue an interim license to the provider or take other statutory action permitted in section 397.415, F.S.

SUMMARY OF FINDINGS: Compliance

COMMON LICENSING STANDARDS:

The authorized agent examined documentation submitted by Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center to determine the level of compliance with the minimum licensing standards outlined for Common Licensing Standards.

VALIDATION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center Florida validated at 100.00% for common licensing standards. A passing score is 80%. Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center scored 13 points out of a possible 13.

QUALITY ASSURANCE:

The authorized agent examined documentation submitted by Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center to determine the level of compliance with the minimum licensing standards outlined for QA.

VALIDATION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center Florida validated at 100.00% for QA. A passing score is 80%. Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center scored 20 points out of a possible 20.

Medication & Methadone Maintenance

LOCATION OF SERVICES: 1823 Business Park Blvd. , Daytona, FL 32114

TYPE OF LICENSE: Medication And Methadone Maintenance Treatment

LICENSE STATUS: Regular

CENSUS:

MEDICAL STAFF:

COUNSELING STAFF:

CLIENT CHARTS: The authorized agent examined 5 client chart(s)



VALIDATION:

Medication & Methadone Maintenance Program validated at 97.88%. A passing score is 80%. The Medication & Methadone Maintenance Program scored 647 points out of a possible 661. The authorized agent detected the following compliance issues:

- Special Needs... [REDACTED]

RULE: Pursuant to 65D-30.004(14)(c), F.A.C., The assessment process shall include the identification of clients with mental illness and other needs.

- Special Needs... [REDACTED]

RULE: Pursuant to 65D-30.004(14)(c), F.A.C., Such clients shall be accommodated directly or through referral.

- Special Needs... [REDACTED]

RULE: Pursuant to 65D-30.004(14)(c), F.A.C., A record of all services provided directly or through referral shall be maintained in the client record.

- Special Needs not consistent, c2 not consistent

RULE: Pursuant to 65D-30.004(17)(b)3., F.A.C., Treatment plan reviews shall be completed every 90 calendar days for the first year and every 6 months thereafter.

- Special Needs c1nf,c2nf,c3nf

RULE: Pursuant to 65D-30.004(18), F.A.C., A record for ancillary services shall be maintained.

STANDARDS FOR MEDICATION AND METHADONE MAINTENANCE TREATMENT SERVICES REVIEW:

The authorized agent examined documentation submitted by the Medication & Methadone Maintenance program to determine the level of compliance with section 65D-30.014, F.A.C., for standards for Medication And Methadone Maintenance Treatment.

VALIDATION:

The Medication & Methadone Maintenance Program validated at 100.00%. A passing score is 80%. The Medication & Methadone Maintenance Program scored 161 points out of a possible 161.

MEDICATION AND METHADONE MAINTENANCE TREATMENT PROGRAM PRACTICES REVIEW:

The authorized agent examined documentation submitted by the Medication & Methadone Maintenance program to determine the level of compliance with section 65D-30.014, F.A.C., for Medication And Methadone Maintenance Treatment practices. Program administration includes requirements, which are not documented in the client record.

VALIDATION:

The Medication & Methadone Maintenance Program Administrative Review validated at 99.03%. A passing score is 80%. The Medication & Methadone Maintenance Program scored 102 points out of a possible 103. The authorized agent detected the following compliance issues:

- CASE LOAD SIZE is double and triple for some counselors due to many staff vacancies

RULE: Pursuant to 65D-30.014(5)(l), F.A.C., No full-time counselor shall have a caseload that exceeds the equivalent of 32 currently participating clients.

Medication & Methadone Maintenance Validation

	Points Scored	Maximum Points	Validation
Client Records	647	661	97.88%
Program Standards	161	161	100.00%
Program Practices	102	103	99.03%
Totals	910	925	98.38%

Outpatient Methadone Detoxification

LOCATION OF SERVICES: 1823 Business Park Blvd. , Daytona, FL 32114

TYPE OF LICENSE: Outpatient Methadone Detoxification

LICENSE STATUS: Regular

CENSUS:

MEDICAL STAFF:

COUNSELING STAFF:

CLIENT CHARTS: The authorized agent examined 5 client chart(s)

-
-
-
-
-

VALIDATION:

Outpatient Methadone Detoxification Program validated at 97.72%. A passing score is 80%. The Outpatient Methadone Detoxification Program scored 257 points out of a possible 263. The authorized agent detected the following compliance issues:

- Special Needs c1,nf,c2nf,c3nf

RULE: Pursuant to 65D-30.004 (14) (c), F.A.C., The assessment process shall include the identification of clients with mental illness and other needs.

- Special Needs c1nf,c2nf,c3nf

RULE: Pursuant to 65D-30.004 (18), F.A.C., A record for ancillary services shall be maintained.

STANDARDS FOR OUTPATIENT METHADONE DETOXIFICATION SERVICES REVIEW:

The authorized agent examined documentation submitted by the Outpatient Methadone Detoxification program to determine the level of compliance with section 65D-30.006, F.A.C., for standards for Outpatient Methadone Detoxification.

VALIDATION:

The Outpatient Methadone Detoxification Program validated at 100.00%. A passing score is 80%. The Outpatient Methadone Detoxification Program scored 38 points out of a possible 38.

OUTPATIENT METHADONE DETOXIFICATION PROGRAM PRACTICES REVIEW:

The authorized agent examined documentation submitted by the Outpatient Methadone Detoxification program to determine the level of compliance with section 65D-30.006, F.A.C., for Outpatient Methadone Detoxification practices. Program administration includes requirements, which are not documented in the client record.

VALIDATION:

The Outpatient Methadone Detoxification Program Administrative Review validated at 100.00%. A passing score is 80%. The Outpatient Methadone Detoxification Program scored 57 points out of a possible 57.

Outpatient Methadone Detoxification Validation

	Points Scored	Maximum Points	Validation
Client Records	257	263	97.72%
Program Standards	38	38	100.00%
Program Practices	57	57	100.00%
Totals	352	358	98.32%

HUMAN RESOURCES**PERSONNEL RECORDS:**

The authorized agent examined 8 personnel record(s) to determine the level of compliance with the licensing standards outlined in amended Section 65D-30.004(4)(a), F.A.C., for the contents of personnel records. The authorized agent examined the following records:

Staff

ES
SA
MD
MO
LD
AE
CR
DC

VALIDATION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center Florida validated at 83.02% for personnel records. A passing score is 80%. Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center scored 132 points out of a possible 159. The authorized agent detected the following compliance issues:

- ..Employment History checks nf,c3nf,c4nf,

RULE: Pursuant to 65D-30.397.451 (2), F.A.C., Employment history checks.

- ..Education in client grievances nf,c2nf,c3nf,c4nf,c5nf,c6nf, c7nf,c8nf

RULE: Pursuant to 65D-30.004 (29) (a) 5., F.A.C., Education of staff in the importance of the grievance system.

- Incident report training ,c2,nf,c6nf,

RULE: Pursuant to 65D-30.004 (27) (c), F.A.C., Employee training in incident reporting and procedures.

- HIV Training nf,c2nf,c6nf,c7nf,c8nf

RULE: Pursuant to 65D-30.004 (31) (a), F.A.C., Each new employee must have 2 hours of HIV/AIDS training within the first 6 months of employment.

- HIV training nf

RULE: Pursuant to 65D-30.004 (31) (a), F.A.C., This training must also be provided for no less than 2 hours every 2 years.

- Aggression Control Training c1nf,c2nf,c3nf,,c6nf, c7nf,c8nf

RULE: Pursuant to 65D-30.004 (31) (b), F.A.C., 2 hours of training in control aggression techniques must occur within the first 6 months of employment, and

- Certified copies of degrees not verified

RULE: Pursuant to 65D-30.004 (4) (a) 5., F.A.C., A verified or certified copy of degrees, licenses, or certificates of each employee;

- Reference Checks c3nf,c4nf,

RULE: Pursuant to 65D-30.397.451 (2), F.A.C., Checks of references

- training nf,c4nf

RULE: Pursuant to 65D-30.004 (31) (b), F.A.C., 2 hours annually thereafter.

- CPR Training nf,c6nf,c7nf

RULE: Pursuant to 65D-30.004 (31) (b), F.A.C., All new direct care staff shall have CPR training within the first 6 months of employment.

STAFF TRAINING:

The authorized agent examined documentation submitted by Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center to determine the level of compliance with the licensing standards outlined in amended Section 65D-30.004(32), F.A.C., for staff related training.

VALIDATION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center Florida validated at 100.00% for personnel and staff training records. A passing score is 80%. Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center scored 18 points out of a possible 18.

Background Screening Of Owners, Chief Executive Officers (CEO), And Chief Financial Officers (CFO):

The authorized agent examined documentation submitted by Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center to determine the level of compliance with the minimum licensing standards outlined in ss. 65D-30.004(4)(b), F.A.C., ss. 397.451(2), F.S., ss. 435.04(1), F.S., and ss. 435.04(2)(a), F.S., for the background screening of owners, chief executive officers, and chief financial officers. The authorized agent examined the personnel records of the following records:

CSH, CEO

VALIDATION:

Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center Florida validated at 100.00% for background screening. A passing score is 80%. Metro Treatment of Florida, LP d.b.a. Daytona Methadone Treatment Center scored 6 points out of a possible 6.

LICENSURE DESIGNATION:

Based on the licensure inspection of this agency, licenses will be issued as follows:

Program	Licensure Decision
Medication & Methadone Maintenance	Regular
Outpatient Methadone Detoxification	Regular

City of Daytona Beach

Certificate of Completion

This certificate is issued pursuant to the requirements of Section 110 of the Florida Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of Daytona Beach that regulate building construction.

BUILDING PERMIT NO: **C1111-053**

LOCATION ADDRESS: **1823 Business Park Blvd**

OWNER NAME AND ADDRESS:

PARCEL NUMBER: **14153203000020**

**SUNBELT PARTNERSHIP
PO BOX 1166
ORMOND BEACH, FL 32175**

CONSTRUCTION TYPE:

CODE EDITION:

USE CLASSIFICATION:

DESCRIPTION:

SPECIAL CONDITIONS:



Ronald L. Roberts , Building Official

DATE ISSUED: 04/09/2012



THE CITY OF DAYTONA BEACH BUSINESS TAX # BT-34096

THE CITY OF DAYTONA BEACH
301 S. RIDGEWOOD
DAYTONA BEACH, FL 32114

DAYTONA METHADONE TREAT CENTE
1823 BUSINESS PARK BLVD
BUSINESS SERVICE
SUBSTANCE ABUSE CENTER
1MONL

DAYTONA METHEDONE TREATMENT CT
DAYTONA METHADONE TREAT CENTE
1823 BUSINESS PARK BLVD
DAYTONA BEACH, FL 32114

DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION
THE CITY DOES NOT CERTIFY OR IMPLY COMPETENCE OF BUSINESS

DEVELOPMENT SERVICES DEPARTMENT
PERMIT & LICENSING DIVISION

BT-34096	BUSINESS TAX NO.
34096	ACCOUNT NO.
09/30/1997	VALID FROM
09/30/2012	VALID TO
09/26/2011	DATE PAID
\$ 0.00	AMOUNT PAID

TAX RECEIPT



STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES



WWW.DOH.STATE.FL.US

CLASS II INSTITUTIONAL PHARMACY -TYPE "A" "B" OR "C"

File # 6141

Insp #

ROUTINE ☐ CHANGE LOC ☒ NEW ☐ CURRENTLY NOT OPERATING ☐ CHANGE OWNER ☐

INSPECTION AUTHORITY - CHAPTER 465.017, CHAPTER 893.09 AND CHAPTER 456, FLORIDA STATUTES

PERMIT TYPE: TYPE A <input type="checkbox"/> TYPE B <input checked="" type="checkbox"/> TYPE C <input type="checkbox"/>							
NAME OF ESTABLISHMENT Metro Treatment Center							
PERMIT NUMBER 15620							
DATE OF INSPECTION 4/11/2012							
DOING BUSINESS AS Daytona Methadone Treatment Center							
DEA NUMBER RS0182763							
CONSULTANT PHARMICIST Wayman Ethridge							
STREET ADDRESS 1823 Business Park Blvd							
TELEPHONE # 386-254-1931							
Ext #							
CITY Daytona Beach							
COUNTY VOLUSIA							
STATE/ZIP 32114							
CONSULTANT PHARMICIST LICENSE # PU 4157							
PRESCRIPTION DEPARTMENT HOURS							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Open	5-11	5-11	5-11	5-11	5-11	5:30-9	5:30-9
Close							
REGISTERED PHARMACIST/INTERN/TECHNICIAN							
LICENSE #							
Satisfactory N/A YES NO							
Satisfactory N/A YES NO							
1 Current modified Class II Institutional Pharmacy permit. [465.019(2)(c), F.S.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
2 Current professional supervision of a consultant pharmacist. [465.019(5), F.S.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
3 Current modified Class II Institutional Pharmacy permit displayed. [64B16-27.100(1), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
4 Current DEA registration. [21CFR 1301.11] [465.023(1)(c), F.S.]* <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
5 Pharmacy has policy and procedures manual available for inspection. [64B16-28.702(5), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
6 Records reflect on-site consultations by consultant pharmacist at least monthly unless otherwise directed by Board. [64B16-28.702(2)(b) to (d), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
7 All medication properly labeled. [64B16-27.101], F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
8 Pharmacy Services Committee meets at least annually. [64B16-28.702(6)(c)1, F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
9 Provisions for handling of emergency box including the utilization of separate logs for record keeping. [64B16-28.702(6)(c)2, F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
10 Provision for secure ordering, storage and record keeping of all medicinal drugs at facility. [64B16-28.702(6)(c)3, F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
11 Secure storage of the medicinal drugs. [64B16-28.702(6)(c)5, F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
12 Records of consultations for the facility for not less than two years available for inspection. [64B16-28.702(b)(6), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
13 Records within the pharmacy of drugs administered to patients of institutional program. [64B16-28.702(1), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
14 CQI Policy and Procedures and proof of quarterly meetings protected under [766.101, F.S.] [64B16-27.300, F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
15 Quantity of controlled substances stocked does not exceed 100 dosage units PER CONTAINER unless approved by Board. [64B16-28.702(7), F.A.C.]							
16 Proof of use forms used for all medicinal drugs within the facility. [64B16-28.702(7), F.A.C.]							
17 Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-29.702(6), F.A.C.]							
18 Pharmacy stocks no more than 15 medicinal drugs. [64B16-28.702(2)(b), F.A.C.]							
19 The policy and procedures contain the drugs and strengths stocked. [64B16-28.702(6)(a)1, F.A.C.]							
20 Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]*							
TYPE "B" MODIFIED CLASS II INSTITUTIONAL PHARMACY							
21 Utilization of perpetual inventory system for all controlled substances; for injectables and other medicinal drugs as required by the pharmacy committee. [64B16-28.702(6)(b)(4), F.A.C.]* <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
22 Drugs stocked in establishment are those employed for treatment of primary condition or medical objective set forth in policy and procedures manual. [64B16-28.702(6), F.A.C.] <input checked="" type="checkbox"/> <input type="checkbox"/>							
23 Controlled substances inventory taken on biennial basis and available for inspection. [893.07(1)(a), F.S.]* <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>							
TYPE "C" MODIFIED CLASS II INSTITUTIONAL PHARMACY							
24 Utilization of a medication administration record (MAR) for all medicinal drugs administered to patients of the facility. [64B16-28.702(6)(c)4, F.A.C.]							
* Questions with (*) may be answered n/a (not applicable).							
Remarks: Daytonametro@cmglp.com							

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

PRINT NAME Betty Ivey

04-11-2012

Date

Investigator/Sr. Pharmacist Signature

ID j170

Institutional Representative

INV 362 Revised 12/11, 01/07 Replaces 06/02



THE CITY OF DAYTONA BEACH
OFFICE OF THE FIRE INSPECTOR
"Protectors of Life and Property"
301 South Beach Street Daytona Beach
Florida 32114

4-4-12

RE: Metro Treatment Center
1823 Business Park Blvd.
Daytona Beach, FL 32114

Dear Property/Business Representative,

All new construction Fire Inspection finals at the above property have been completed.
(Reference Permit # C111-053).

It is the building tenants' responsibility to schedule a Business Tax Receipt (formerly Occupational License) inspection in order to open up the business.
This is a formality and, although subject to re-inspection once the tenant moves in, all Fire Code requirements have currently been met at this facility for the above listed tenant.
The Business Tax Receipt Inspection can be scheduled by calling (386) 671-8178.

Please feel free to contact me regarding any questions pertaining to this matter.

Sincerely,

Inspector Brian Sievertson
City of Daytona Beach Fire Department
386-671-8164
SievertsonB@codb.us



CITY OF DAYTONA BEACH

DEVELOPMENT SERVICES DEPARTMENT
PERMIT & LICENSING DIVISION

Post in a Conspicuous Place

PERMIT CARD

Permit No.: C1111-053

Job Address: 1823 Business Park Blvd

Date: 12/21/2011

Construct: REMODEL OFFICE SPACE

Contractor: R & B Construction Of Central

Owner: SUNBELT PARTNERSHIP

THIS PERMIT WILL EXPIRE IF AN APPROVED INSPECTION IS NOT OBTAINED WITHIN 180 DAYS FROM DATE OF ISSUE.

Inspection Type	INSP	PASS DATE	INSP	FAIL DATE	Inspection Type	INSP	PASS DATE	INSP	FAIL DATE
BUILDING					PLUMBING				
102 Piling(s)					202 Stormwater Piping				
103 Piling Cap(s)					203 Sanitary Piping				
107 Footing					204 Potable Water				
109 Column Pad(s)					205 Plumbing Rough In	DA	12/20/11		
111 Slab					231 Sewer Connection				
112 Monolithic Slab					233 Gas Rough In	DA	12/20/11		
					235 Second Rough Plumbing	DA	12/20/11		
					293 Final Utilities Underground				
116 Tie Beam					294 Final Gas	DA	12/27/11		
117 Wall Reinforcement					295 Final Plumbing				
118 Lintel					MECHANICAL				
119 Columns					305 Underground Mechanical				
121 Wall Sheathing					311 Hood Rough				
122 Roof Sheathing					335 Mechanical Rough In	DA	12/20/11		
123 Pre-ReRoof-shingle over shingle					341 Hood Weld Test				
124 Tilt Wall Panel(s)					391 Final Hood Mechanical	DA	12/20/11		
125 Roof Dry In/or In Progress					395 Final Mechanical				
126 Window and Door Buck					ELECTRICAL				
131 Floor Framing Only					401 Temporary Pole or TUG				
132 Wall Framing Only					403 Footing Ground				
133 Ceiling Framing Only					405 Underground Electric				
135 Framing					406 Slab Electric				
137 Fire Wall Screw Insp.					431 Electric Wall Rough In	DA	12/20/11		
138 Fire Wall Penetration					433 Electric Ceiling Rough In	DA	12/20/11		
139 Fire Wall Layer 2nd					435 Electric Rough In				
141 Insulation-Walls					480 Pre-Power				
142 Insulation-Ceiling					484 D & R Service				
145 Insulation-All					495 Final Electric	DA	12/20/11		
151 Lath					FIRE				
153 Manufactured Tie-down					503 Underground Fireline Vis				
155 Driveway/ Sidewalk Form					505 Underground Hydro Test				
157 Tank Support & Tie Down					507 Fireline Full Flush				
158 Driveway Subbase					512 Standpipe				
186 Final Fence					518 Sprinkler Above Ceiling				
187 Final Roof					519 Fire Sprinkler Stub Out				
191 Final Sign					521 Above Ground Hydro Test				
195 Final Building					524 Water Main Tap & Hydrant				
					589 Final Hood				
					590 Final Fire Alarm				
					591 Final Fire Pump				
					592 Final Clean Agent				
					593 Final Hood Suppression				
620 Final Landscape					594 Final Fire Sprinkler				
630 Final Engineering					595 Final Fire Building				

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

For Inspections Call 671-8140 - Option 3 OR <https://crw.codb.us/etrakit2/> Select Building Permit
Request inspections up to 12 midnight for the following business day or up to 3 days in advance

1.30.2012

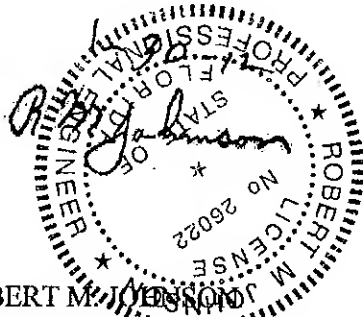
TO: DAYTONA BEACH BUILDING DEPT.

RE: METRO TREATMENT
1823 BUSINESS PARK BLVD.
DAYTONA BEACH, FLORIDA

R & B CONSTRUCTION.

TO WHOM IT MAY CONCERN:

ANY PENETRATION IN FIRE WALL MUST USE (3M FIRE BARRIER SEALANT
CP 25WB+) SEALANT TO MAINTAIN 1 HOUR WALL RATING.



ROBERT M. JOHNSON
LICENSED FLORIDA PROFESSIONAL ENGINEER #26022
P.O. BOX 479
FLAGLER BEACH, FL. 32136



CERTIFICATE OF LIABILITY INSURANCE

OP ID: JR

DATE (MM/DD/YYYY)

10/31/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Mechanic Group, Inc.
One Blue Hill Plaza, Suite 530
P.O. Box 1646
Pearl River, NY 10965
Steven Mechanic

845-735-0700

845-735-8383

CONTACT NAME: Jeanne M. Reynolds

PHONE (A/C, No, Ext): 845-735-0700

FAX (A/C, No): 845-735-8383

E-MAIL: Jreynolds@mechanicgroup.com

ADDRESS: Jreynolds@mechanicgroup.com

PRODUCER: Jreynolds@mechanicgroup.com

CUSTOMER ID #: ALLIED4

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED Allegiance Security Group LLC
(Corporate Offices)
2900 Arendall Street, Suite #18
Morehead City, NC 28557

INSURER A: Lexington Insurance Company

19437

INSURER B: Hartford Fire Insurance Co.

19682

INSURER C: Twin City Fire Insurance Co.

29459

INSURER D: Chubb Group of Ins Co's

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR. VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X ERRORS & OMISSION GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		10/31/11	10/31/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Included PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ Included PRODUCTS - COMP/OP AGG \$
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS		16UENQY5489 16UENQY5489 16UENQY5489	10/31/11 10/31/11 10/31/11	10/31/12 10/31/12 10/31/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION \$	X	023058074	10/31/11	10/31/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	16WEQY5486	10/31/11	10/31/12	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Crime		8222-8740	10/31/11	10/31/12	Emp. Dish 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Colonial Management Group, LLC is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability policy

CERTIFICATE HOLDER

Colon&6

Colonial Management Group, LLC
737 W. Intl Speedway Blvd.
Daytona Beach, FL 32114

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Terri Senkow
<TSenkow@cmglp.com>
03/12/2012 11:23 AM

To Marilyn Heck/D12/DCF@DCF
cc
bcc
Subject Daytona Methadone Treatment Center 075AD121902 -
Delay in Relocation date

Ms. Heck,

Please be advised that the initial relocation date for the Daytona Methadone Treatment Center has been moved from March 15, 2012 to April 20, 2012 due to delays in construction. I apologize for any delays this may cause in your schedule.

Thank you,
Terri Senkow
Licensing Coordinator
Phone: (407) 351-7080
Fax: (407) 351-6930

Please note New Address:

**8529 SouthPark Circle
Suite 270
Orlando, Florida 32819**

Notice: The sender of this electronic message intends that this email be used exclusively by the individual or entity to which it is addressed. This message and any attachments may contain information that is privileged and confidential and, thereby, protected by Federal and/or State law. Be aware that any disclosure, dissemination, distribution or copying of this communication or the use of its contents by anyone other than the intended recipient is not authorized and is strictly prohibited. If you have received this communication in error and are not the intended recipient, please (1) notify the sender by reply email so that we can correct our email records and (2) permanently delete the original message from your email system.

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Terri Senkow
<TSenkow@cmglp.com>

04/13/2012 11:54 AM

To Marilyn Heck/D12/DCF@DCF, "linda.a.stocum@us.doj.gov"
<linda.a.stocum@us.doj.gov>,
"Deborah.A.George@usdoj.gov"
cc Jamie Lovern <JLovern@cmglp.com>, Steve Jackson
<sjackson@cmglp.com>

bcc

Subject Relocation of the Daytona Methadone Treatment Center

History:  This message has been replied to.

1 attachment

winmail.dat

Hello everyone,

Attached are copies of the following documentation for the relocation of the
Daytona Methadone Treatment Center:


- * City of Daytona Business Tax Certificate
- * Department of Health Inspection dated 4/11/2012
- * City of Daytona Beach Certificate of Completion
- * City of Daytona Beach Fire Inspector's letter
- * City of Daytona Beach Permit Card

Thank you, if you have any questions please feel free to contact me @ (407)
351-7080.

Terri L. Senkow
Licensing Coordinator
8529 SouthPark Circle, Suite 270
Orlando, Florida 32819
Phone (407) 351-7080/ Fax (407) 351-6930

From: bh500@cmglp.com [mailto:bh500@cmglp.com]
Sent: Friday, April 13, 2012 11:21 AM
To: Terri Senkow
Subject: Message from KMBT_C452

Notice: The sender of this electronic message intends that this email be used exclusively by the individual or entity to which it is addressed. This message and any attachments may contain information that is privileged and confidential and, thereby, protected by Federal and/or State law. Be aware that any disclosure, dissemination, distribution or copying of this communication or the use of its contents by anyone other than the intended recipient is not authorized and is strictly prohibited. If you have received this communication in error and are not the intended recipient, please (1) notify the sender by reply email so that we can correct our email records and (2) permanently delete the original message from your email system.

	Application for Licensure to Provide SUBSTANCE ABUSE SERVICES	Submission Date (Month, Day, Year) <u>7/26/2012</u> <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Relocation (Anticipated Relocation Date)
I. SERVICE PROVIDER INFORMATION FOR PROVIDERS WITH MULTIPLE SITES, ENTER CORPORATE HEADQUARTER INFORMATION		
1. Service Provider Name <u>Metro Treatment of Florida, LP d.b.a Daytona Methadone Treatment Center</u>		2. Federal ID # <u>58-2341219</u>
3. Name of the Service Provider's Owner <u>Colonial Management Group, LP d.b.a. Metro Treatment of Florida</u>	4. Point of Contact Email Address <u>tsenkow@cmglp.com</u>	
5. Mailing Address <u>8529 SouthPark Circle, Suite 270</u>		
5a. City <u>Orlando</u>	5b. State <u>Florida</u>	5c. Zip Code <u>32819</u>
5d. County <u>Orange</u>		
6. Street Address (if different than mailing address)		
6a. City	6b. State <u>Florida</u>	6c. Zip Code
6d. County		
7. Circuit/Region <u>9</u>	8. Telephone (Area Code & Number) <u>(407) 351-7080</u>	
9. Fax Telephone (Area Code & Number) <u>(407) 351-6930</u>		
10. Please check the applicable box(es) below. <input type="checkbox"/> Publicly Funded Provider <input checked="" type="checkbox"/> Privately Funded Provider <input type="checkbox"/> Private Practitioner <input type="checkbox"/> Faith-Based Provider		11. Is the applicant accredited by a certifying organization approved by the department? If so, please check the applicable box. <input checked="" type="checkbox"/> Commission on Accreditation of Rehabilitation Facilities (CARF) <input checked="" type="checkbox"/> Three-Year <input type="checkbox"/> One-Year <input type="checkbox"/> The Joint Commission <input type="checkbox"/> Council on Accreditation (COA) Accreditation Expiration Date <u>8/31/2012</u> Please submit the most recent accreditation survey report with this application including changes in accreditation status.
12. Is the agency incorporated with the State of Florida? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13. If so, is the corporation for profit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Limited Partnership - For Profit</u>
If incorporated, please submit the names of the owner, board members, officers, and shareholders.		
14. Name of Owner <u>Colonial Management Group, LP</u>		
15a. Name of Chief Executive Officer <u>Christopher S. Hassan</u>	15b. Chief Executive Officer Email Address <u>chassan@cmglp.com</u>	
16. Name of Chief Financial Officer <u>Christopher S. Hassan</u>		
17. Name of Staff Training Coordinator <u>Monica (Moirica) Beker</u>		
18. Name and professional license number of Medical Director (applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment, and medication and methadone maintenance treatment services.) <u>Khiem Minh Nguyen, MD: ME48523, DEA BN1567378</u>		
An application without the applicable licensure fee as required under section 397.407, Florida Statutes and 65D-30.003(5), Florida Administrative Code, will be returned to the applicant. An application for renewal of a regular license must be submitted to the department no later than <u>60</u> days before the license expires. A late fee of \$100 per license shall be assessed for the late filing of an application as required under section 397.407(2) Florida Statutes. Please make check payable to the Florida Department of Children & Families.		

II. PROGRAM COMPONENT INFORMATION

1. Name of Program (e.g., Adult Outpatient Treatment, Youth Residential Treatment, Outreach Prevention, etc.)
Daytona Methadone Treatment Center

2. Street Address
1823 Business Park Blvd

3. Building Number, Room Number, Suite, etc.

4. City
Daytona Beach

5. State **Florida**

6. Zip Code
32114

7. Circuit/Region
7

8. County
Volusia

9. Telephone (Area Code & Number)
(386) 254-1931

10. Current License Number
0764AD1219-01

11. Current License Number Expiration Date (MM/DD/YY)
09/29/12

12. Name of Program Director
Ann Erickson

13. Name of Clinical Director
Ann Erickson

Type of Service Component (please check only one service per component application):

14a. Addictions Receiving Facility:

☐ Addictions Receiving Facility

14b. Detoxification Programs:

☐ Residential Detoxification

☐ Outpatient Detoxification

☐ Residential Methadone Detoxification

☒ Outpatient Methadone Detoxification

14c. Intensive Inpatient Treatment Programs:

☐ Intensive Inpatient Treatment

14d. Residential Programs:

☐ Level 1 Bed Capacity

☐ Level 2 Bed Capacity

☐ Level 3 Bed Capacity

☐ Level 4 Bed Capacity

☐ Level 5 Bed Capacity

14e. Day or Night Treatment Programs with Community Housing:

☐ Day or Night Treatment Programs with Community Housing

14f. Day or Night Treatment Programs:

☐ Day or Night Treatment

14g. Intensive Outpatient Programs:

☐ Intensive Outpatient Treatment

14h. Outpatient Programs:

☐ Outpatient Treatment

14i. Aftercare Programs:

☐ Aftercare

14j. Intervention Programs:

☐ Case Management

☐ General Intervention

☐ Employee Assistance Program

☐ Treatment Alternatives for Safer Communities

14k. Prevention Programs:

☐ Level 1 Prevention

☐ Level 2 Prevention

14l. Medication & Methadone Maintenance Treatment Programs:

☐ Medication & Methadone Maintenance Treatment

☐ Satellite Maintenance

15. DCF Contracted Bed Capacity (Residential, Inpatient, Residential Detox, Addictions Receiving Facilities)

16. Licensed Bed Capacity (Residential, Inpatient, Residential Detox, Addictions Receiving Facilities)

17. Hours during which the program is open:

Monday	5:00 am	to	1:30 pm	<input type="checkbox"/> Closed
Tuesday	5:00 am	to	1:30 pm	<input type="checkbox"/> Closed
Wednesday	5:00 am	to	1:30 pm	<input type="checkbox"/> Closed
Thursday	5:00 am	to	1:30 pm	<input type="checkbox"/> Closed
Friday	5:00 am	to	1:30 pm	<input type="checkbox"/> Closed
Saturday	5:30 am	to	10:30 am	<input type="checkbox"/> Closed
Sunday	5:30 am	to	10:30 am	<input type="checkbox"/> Closed

18. Please submit evidence of compliance for applicable areas below (including the expiration date):

Fire and Safety	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date: 4/4/2012
Health Standards			
Facility Inspection	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Date: 4/11/2012
Food Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Date:
Zoning Compliance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date: 3/16/2011
Property Insurance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date: 3/23/13
Professional Liability Insurance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date: 3/23/13

Please submit all approval documents with this application

<p>19. Medication and Methadone Maintenance Treatment components, (i.e., programs which use methadone or other medications for treating opioid addiction). Approved by:</p> <p> <input checked="" type="checkbox"/> Drug Enforcement Agency (DEA) <input checked="" type="checkbox"/> Substance Abuse and Mental Health Services Administration (SAMHSA) <input checked="" type="checkbox"/> State Methadone Authority <input checked="" type="checkbox"/> Board of Pharmacy <input type="checkbox"/> Not Applicable </p> <p>Please submit copies of approval documents with this application.</p>	<p>20. Have all staff and volunteers who have direct contact with clients under the age of 18 years been finger printed and screened in accordance with section 397.451(1)(a), Florida Statutes?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable </p> <p>Please submit the treatment resource affidavit with this application</p>																																																				
<p>21. Please check the client population, which have been targeted for services.</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> White (Non-Hispanic)</td> <td><input checked="" type="checkbox"/> American Indian</td> </tr> <tr> <td><input checked="" type="checkbox"/> Black (Non-Hispanic)</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hispanic</td> <td><input checked="" type="checkbox"/> Other (please describe) <i>Opioid dependant adults 18+ years</i></td> </tr> </table>		<input checked="" type="checkbox"/> White (Non-Hispanic)	<input checked="" type="checkbox"/> American Indian	<input checked="" type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Other (please describe) <i>Opioid dependant adults 18+ years</i>																																														
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<p>22. Please list any special population group targeted for services (e.g., hearing impaired, pregnant alcoholics or addicts, youth, criminal justice clients, etc.)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Children:</td> <td><input type="checkbox"/> HIV/AIDS:</td> </tr> <tr> <td><input type="checkbox"/> Women:</td> <td><input type="checkbox"/> Hearing Impaired:</td> </tr> <tr> <td><input type="checkbox"/> Adolescents:</td> <td><input type="checkbox"/> Visually Impaired:</td> </tr> <tr> <td><input type="checkbox"/> Homeless:</td> <td><input type="checkbox"/> Older Adults:</td> </tr> <tr> <td><input type="checkbox"/> Criminal Justice-Involved Adults:</td> <td><input type="checkbox"/> Co-occurring:</td> </tr> <tr> <td><input type="checkbox"/> Juvenile Justice-Involved Youth:</td> <td><input type="checkbox"/> Intravenous Drug Users:</td> </tr> <tr> <td><input type="checkbox"/> Pregnant and Post Partum Women:</td> <td><input checked="" type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Pregnant and Post Partum Adolescents:</td> <td>Please describe other group: <i>Opioid Dependant Adults 18+ years</i></td> </tr> </table>		<input type="checkbox"/> Children:	<input type="checkbox"/> HIV/AIDS:	<input type="checkbox"/> Women:	<input type="checkbox"/> Hearing Impaired:	<input type="checkbox"/> Adolescents:	<input type="checkbox"/> Visually Impaired:	<input type="checkbox"/> Homeless:	<input type="checkbox"/> Older Adults:	<input type="checkbox"/> Criminal Justice-Involved Adults:	<input type="checkbox"/> Co-occurring:	<input type="checkbox"/> Juvenile Justice-Involved Youth:	<input type="checkbox"/> Intravenous Drug Users:	<input type="checkbox"/> Pregnant and Post Partum Women:	<input checked="" type="checkbox"/> Other:	<input type="checkbox"/> Pregnant and Post Partum Adolescents:	Please describe other group: <i>Opioid Dependant Adults 18+ years</i>																																				
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<p>23. Services provided: Please check all major services provided on a regular basis either directly by the program or upon referral.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Program Services</th> <th style="width: 20%;">Provided Directly by Program</th> <th style="width: 20%;">Provided by Written Agreement or Referral</th> <th style="width: 30%;">Not Applicable</th> </tr> </thead> <tbody> <tr> <td>Individual Counseling</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Group Counseling</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Family Counseling</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Job Consulting and Placement</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Job Training</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Education Services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Aftercare (Non-Structured)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>General Health Care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Legal Services</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Social Services (Welfare, Housing, etc.)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Cultural/Recreational Programs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other (Please Describe)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Program Services	Provided Directly by Program	Provided by Written Agreement or Referral	Not Applicable	Individual Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Consulting and Placement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aftercare (Non-Structured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social Services (Welfare, Housing, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cultural/Recreational Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (Please Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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24. Do you charge client fees? If so, please attach a copy of the fee schedule and fee policy. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25. What is the maximum number of clients that can be served in this component on a given day? <div style="text-align: center;">780</div>	26. What is your projected operating budget for the component <i>listed on this application</i> for the current year? <div style="text-align: center;">\$983,712.00</div>
---	--	--

27. Please list the complete names of agencies or practitioners you have written referral agreements, contracts, or subcontracts with and check the type of business relationship:

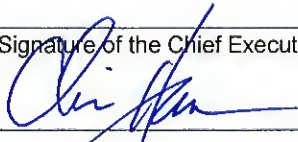

a. Lab Corp	<input type="checkbox"/> Agreement	<input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Other(Specify)
b. Khiem M. Nguyen, MD	<input type="checkbox"/> Agreement	<input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Subcontract	<input type="checkbox"/> Other(Specify)
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28. Please list the sources of revenue you receive by name and check the type of funds, e.g., state funds, federal funds, fees, etc:

a. Patient Fees	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> Fees	<input type="checkbox"/> Private	<input type="checkbox"/> Other(Specify)
b.	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Fees	<input type="checkbox"/> Private	<input type="checkbox"/> Other(Specify)
c.	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Fees	<input type="checkbox"/> Private	<input type="checkbox"/> Other(Specify)
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h.	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Fees	<input type="checkbox"/> Private	<input type="checkbox"/> Other(Specify)

29. Please further describe your program listed in item #1 on page 2. **For counseling programs, this information should include the number of counseling sessions provided weekly, the duration of each counseling session, and the average length of stay in the program.**
 We offer three primary opioid treatment services.
 1. Methadone Maintenance Treatment
 2. Medically supervised withdrawals
 3. Detoxification from other opiates utilizing methadone
 Our program is comprised of four distinct components.
 1. Individual and group counseling as prescribed.
 2. Involvement of family members or significant others in counseling with appropriate patient consent.
 3. Psycho-educational activities intended to educate patients about addictive disorder and the toxic effect of drugs.
 4. Affiliation with self-help groups and other community resources for outreach programs.
 Our treatment plan is tailored on to the needs of our clients, the foundation of the treatment plan is based on the amount of time the client has been in treatment.

1 - 90 days	Counseling sessions minimum of once a week, however we do not limit our clients access to their counselors at any point in treatment, we encourage the clients to seek out their counselors as much as they require.
91 days - 6 months	Once every two weeks, or more if determined by the patient or counselor
7 months and on	Once a month or more if determined by the patient or counselor.

30. Signature of the Chief Executive Officer (Original signature only) <div style="text-align: center; height: 40px;">  </div>	31. Date (Month, Day, Year) <div style="text-align: center; height: 40px;">  </div>
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Application for Licensure to Provide SUBSTANCE ABUSE SERVICES

 Submission Date
(Month, Day, Year)

7/26/2012

☐ New Application

☒ Renewal

☐ Relocation

(Anticipated Relocation Date)

I. SERVICE PROVIDER INFORMATION FOR PROVIDERS WITH MULTIPLE SITES, ENTER CORPORATE HEADQUARTER INFORMATION

 1. Service Provider Name
Metro Treatment of Florida, LP d.b.a Daytona Methadone Treatment Center

 2. Federal ID #
58-2341219

 3. Name of the Service Provider's Owner
Colonial Management Group, LP d.b.a. Metro Treatment of Florida

 4. Point of Contact Email Address
tsenkow@cmglp.com

 5. Mailing Address
8529 SouthPark Circle, Suite 270

 5a. City
Orlando

 5b. State
Florida

 5c. Zip Code
32819

 5d. County
Orange

6. Street Address (if different than mailing address)

6a. City

 6b. State
Florida

6c. Zip Code

6d. County

 7. Circuit/Region
9

 8. Telephone (Area Code & Number)
(407) 351-7080

 9. Fax Telephone (Area Code & Number)
(407) 351-6930

10. Please check the applicable box(es) below.

☐ Publicly Funded Provider

☒ Privately Funded Provider

☐ Private Practitioner

☐ Faith-Based Provider

11. Is the applicant accredited by a certifying organization approved by the department? If so, please check the applicable box.

☒ Commission on Accreditation of Rehabilitation Facilities (CARF)

☒ Three-Year ☐ One-Year

☐ The Joint Commission

☐ Council on Accreditation (COA)

Accreditation Expiration Date 8/31/2012

Please submit the most recent accreditation survey report with this application including changes in accreditation status.

 12. Is the agency incorporated with the State of Florida?
☐ Yes ☒ No

 13. If so, is the corporation for profit?
☒ Yes ☐ No Limited Partnership - For Profit

If incorporated, please submit the names of the owner, board members, officers, and shareholders.

 14. Name of Owner
Colonial Management Group, LP

 15a. Name of Chief Executive Officer
Christopher S. Hassan

 15b. Chief Executive Officer Email Address
chassan@cmglp.com

 16. Name of Chief Financial Officer
Christopher S. Hassan

 17. Name of Staff Training Coordinator
Monica (Moirica) Beker

 18. Name and professional license number of Medical Director (applies to addictions receiving facilities, detoxification, intensive inpatient treatment, residential treatment, day or night treatment, and medication and methadone maintenance treatment services.)
Kiem Minh Nguyen, MD; ME48523, DEA BN1567378

An application without the applicable licensure fee as required under section 397.407, Florida Statutes and 65D-30.003(5), Florida Administrative Code, will be returned to the applicant. An application for renewal of a regular license must be submitted to the department no later than 60 days before the license expires. A late fee of \$100 per license shall be assessed for the late filing of an application as required under section 397.407(2) Florida Statutes. Please make check payable to the Florida Department of Children & Families.

II. PROGRAM COMPONENT INFORMATION

1. Name of Program (e.g., Adult Outpatient Treatment, Youth Residential Treatment, Outreach Prevention, etc.)
Daytona Methadone Treatment Center

2. Street Address
1823 Business Park Blvd

3. Building Number, Room Number, Suite, etc.

4. City
Daytona Beach

5. State Florida

6. Zip Code
32114

7. Circuit/Region
7

8. County
Volusia

9. Telephone (Area Code & Number)
(386) 254-1931

10. Current License Number
0764AD1219-01

11. Current License Number Expiration Date (MM/DD/YY)
09/29/12

12. Name of Program Director
Ann Erickson

13. Name of Clinical Director
Ann Erickson

Type of Service Component (please check only one service per component application):

14a. Addictions Receiving Facility:

☐ Addictions Receiving Facility

14b. Detoxification Programs:

☐ Residential Detoxification

☐ Outpatient Detoxification

☐ Residential Methadone Detoxification

☐ Outpatient Methadone Detoxification

14c. Intensive Inpatient Treatment Programs:

☐ Intensive Inpatient Treatment

14d. Residential Programs:

☐ Level 1 Bed Capacity

☐ Level 2 Bed Capacity

☐ Level 3 Bed Capacity

☐ Level 4 Bed Capacity

☐ Level 5 Bed Capacity

14e. Day or Night Treatment Programs with Community Housing:

☐ Day or Night Treatment Programs with Community Housing

14f. Day or Night Treatment Programs:

☐ Day or Night Treatment

14g. Intensive Outpatient Programs:

☐ Intensive Outpatient Treatment

14h. Outpatient Programs:

☐ Outpatient Treatment

14i. Aftercare Programs:

☐ Aftercare

14j. Intervention Programs:

☐ Case Management

☐ General Intervention

☐ Employee Assistance Program

☐ Treatment Alternatives for Safer Communities

14k. Prevention Programs:

☐ Level 1 Prevention

☐ Level 2 Prevention

14l. Medication & Methadone Maintenance Treatment Programs:

☒ Medication & Methadone Maintenance Treatment

☐ Satellite Maintenance

15. DCF Contracted Bed Capacity (Residential, Inpatient, Residential Detox, Addictions Receiving Facilities)

16. Licensed Bed Capacity (Residential, Inpatient, Residential Detox, Addictions Receiving Facilities)

17. Hours during which the program is open:

Monday 5:00 am to 1:30 pm ☐ Closed

Tuesday 5:00 am to 1:30 pm ☐ Closed

Wednesday 5:00 am to 1:30 pm ☐ Closed

Thursday 5:00 am to 1:30 pm ☐ Closed

Friday 5:00 am to 1:30 pm ☐ Closed

Saturday 5:30 am to 10:30 am ☐ Closed

Sunday 5:30 am to 10:30 am ☐ Closed

18. Please submit evidence of compliance for applicable areas below (including the expiration date):

Fire and Safety ☒ Yes ☐ No Date: 4/4/2012

Health Standards

Facility Inspection ☒ Yes ☐ No ☐ N/A Date: 4/11/2012

Food Services ☐ Yes ☐ No ☐ N/A Date:

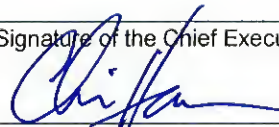
Zoning Compliance ☒ Yes ☐ No Date: 3/16/2011

Property Insurance ☒ Yes ☐ No Date: 3/23/13

Professional Liability Insurance ☒ Yes ☐ No Date: 3/23/13

Please submit all approval documents with this application

<p>19. Medication and Methadone Maintenance Treatment components, (i.e., programs which use methadone or other medications for treating opioid addiction). Approved by:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Drug Enforcement Agency (DEA) <input checked="" type="checkbox"/> Substance Abuse and Mental Health Services Administration (SAMHSA) <input checked="" type="checkbox"/> State Methadone Authority <input checked="" type="checkbox"/> Board of Pharmacy <input type="checkbox"/> Not Applicable </div> <div style="width: 45%; text-align: right; color: blue; font-style: italic; font-size: 1.2em;"> Copies </div> </div> <p>Please submit copies of approval documents with this application.</p>	<p>20. Have all staff and volunteers who have direct contact with clients under the age of 18 years been finger printed and screened in accordance with section 397.451(1)(a), Florida Statutes?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable </div> <div style="width: 45%;"></div> </div> <p>Please submit the treatment resource affidavit with this application</p>																																																				
<p>21. Please check the client population, which have been targeted for services.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> White (Non-Hispanic) <input checked="" type="checkbox"/> Black (Non-Hispanic) <input checked="" type="checkbox"/> Hispanic </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> American Indian <input type="checkbox"/> None <input checked="" type="checkbox"/> Other (please describe) Opioid dependant adults 18+ years </div> </div>																																																					
<p>22. Please list any special population group targeted for services (e.g., hearing impaired, pregnant alcoholics or addicts, youth, criminal justice clients, etc.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Children: <input type="checkbox"/> Women: <input type="checkbox"/> Adolescents: <input type="checkbox"/> Homeless: <input type="checkbox"/> Criminal Justice-Involved Adults: <input type="checkbox"/> Juvenile Justice-Involved Youth: <input type="checkbox"/> Pregnant and Post Partum Women: <input type="checkbox"/> Pregnant and Post Partum Adolescents: </div> <div style="width: 45%;"> <input type="checkbox"/> HIV/AIDS: <input type="checkbox"/> Hearing Impaired: <input type="checkbox"/> Visually Impaired: <input type="checkbox"/> Older Adults: <input type="checkbox"/> Co-occurring: <input type="checkbox"/> Intravenous Drug Users: <input checked="" type="checkbox"/> Other: Please describe other group: Opioid Dependant Adults 18+ years </div> </div>																																																					
<p>23. Services provided: Please check all major services provided on a regular basis either directly by the program or upon referral.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Program Services</th> <th style="width: 15%;">Provided Directly by Program</th> <th style="width: 15%;">Provided by Written Agreement or Referral</th> <th style="width: 35%;">Not Applicable</th> </tr> </thead> <tbody> <tr><td>Individual Counseling</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Group Counseling</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Family Counseling</td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Job Consulting and Placement</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Job Training</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Education Services</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Aftercare (Non-Structured)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>General Health Care</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Legal Services</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Social Services (Welfare, Housing, etc.)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Cultural/Recreational Programs</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Other (Please Describe)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		Program Services	Provided Directly by Program	Provided by Written Agreement or Referral	Not Applicable	Individual Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Consulting and Placement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aftercare (Non-Structured)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	General Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social Services (Welfare, Housing, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cultural/Recreational Programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (Please Describe)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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24. Do you charge client fees? If so, please attach a copy of the fee schedule and fee policy. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	25. What is the maximum number of clients that can be served in this component on a given day? <div style="text-align: center;">780</div>	26. What is your projected operating budget for the component <i>listed on this application</i> for the current year? <div style="text-align: center;">\$983,712.00</div>
27. Please list the complete names of agencies or practitioners you have written referral agreements, contracts, or subcontracts with and check the type of business relationship:		
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